REGIMENTAL DOCUMENTS

NAME ADILMAN. NORMAN. Pte. REGT. NO. 3162528 UNIT 2nd D. R. 2nd H. Q. FILE NO. 2331

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	MEDICAL EXAMINATION (M.F.W. 129)					R. to R.
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					

W. 2589
100M-11-18
1772-39-1377

PdeL

4 M. D. 2nd DEPOT BN. 2nd QUEBEC REGT. Depot Battalion Regiment

ORIGINAL

Regtl. No. D- 3162528

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE) P-3162528

1. Surname ADILMAN
2. Christian name Norman
3. Present address 'B' Cornwall Apts, Winnipeg, Manitoba
4. Military Service Act letter and number 548502 JC
5. Date of birth March 15th,1894
6. Place of birth Winnipeg, Manitoba, (town, township or county and country)
7. Married, widower or single Single-
8. Religion Hebrew-
9. Trade or calling Accountant
10. Name of next-of-kin Mrs.Rose ADILMAN
11. Relationship of next-of-kin Mother -
12. Address of next-of-kin 'B' Cornwall Apts,Winnipeg, Manitoba,
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act:—

(a) Place Montreal, P.Q., Can. (b) Date May 25th, 1918 (c) Category "B" Fit for Service Abroad (but not for General Service)

DECLARATION OF RECRUIT

I, Norman ADILMAN, do solemnly declare that the above particulars refer to me, and are true.

Norman Adilman (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 24 yrs. 3 mths.

Height 5 ft. 9½ ins.

Chest measurement: fully expanded 33 ins.; range of expansion 3 ins.

Complexion Medium

Eyes Brown

Hair Dark

Distinctive marks, and marks indicating congential peculiarities or previous disease. Appendix Scar.

R. D. =	120
L. D. =	120
R. EAR	OK
L. EAR	OK

"B" on Eyes.

J. Bassin Lt.-Col.

O. C. Depot Btln. Commanding 2nd Depot Bn, 2nd Quebec Reg't.

Regt.

Place Montreal, P.Q., Can. Date May 9th,1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

PdeL

MILITARY SERVICE ACT, 1917.

D-

3162528

MEDICAL HISTORY SHEET.

ORIGINAL

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname ADILMAN Christian name Norman

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 548502 JC

3. Consecutive number on schedule of men reporting for service (if he appears on it) --

4. Address (including street and number, if any) 'B' Cornwall Apts, Winnipeg, Man,

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 25th. day of May 1917, by the undersigned medical board sitting at Peel Barracks, Montreal, P.Q., Can.

5. Age as stated 24 Years 3 Months. 6. Apparent age ..... Years ..... Months

7. Height 5 Feet 9½ Inches. 8. Weight 125 Pounds.

9. Chest measurement { Minimum 30 Ins. / Maximum 33 Ins. } 10. Complexion Medium { Eyes Brown / Hair Dark }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks —

13. Number of vaccination marks { Right arm — / Left arm 1 } 14. When vaccinated last Child.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease

Appendix Scar

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis } "B" on lips

(Strike out disease admitted or suspected.)

"B" Fit for Service Abroad (but not for General Service)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [ ]

17. (a) Vision R. 120 L. 120

(b) Hearing. R. O.K. L.

A. Cote Casper
President.

Aurele Roy Capel *Member.* [illegible] *Member.*

Signature of Man Adilman

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 25th. *day of* May *191* 8 *at* Montreal, P.Q., Can.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	2nd DEPOT BN.		2nd QUEBEC REGT.	25-5-18
Transferred to.....				

3162528

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
30M. 10-17.
1772-39-1.

Surname ADIMAN Christian Name NORMAN

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

PdeL D-

FORM OF WILL

I, Norman Adilman (Name in full)

Regimental Number D 3162528 serving in

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

2nd DEPOT BN. 2nd QUEBEC REGT.

I devise all my real estate unto

Mrs. Rose ADILMAN my mother-
'B' Cornwall Apts,
Winnipeg, Manitoba,

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Rose ADILMAN my mother-
'B' Cornwall Apts,
Winnipeg, Manitoba,

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 25th day of May A.D. 1918

Norman Adilman Signature of Soldier.

*N.B. Personal estate includes ~~pay, effects, money in bank, insurance policy, in fact~~ everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness [illegible]

Address of Witness [illegible]

Occupation of Witness Soldier

Signature of Second Witness Robert Lauthier

Address of Witness Pool St. Barracks Mtl

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-30-983.

2nd DEPOT BRANCH

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT ✓

NAME OF SOLDIER Adilman Norman

No. 316 2528

REGIMENT

RANK Pte

M.F.B. 465.
200M.—6-18.
1772-39-950.

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
													U	L	P			Gold	Porcelain				
Condition on first Examination																							

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

AB.

Fill in only.—Unit, Number, Rank and Name.

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd DEPOT BN. 2nd QUEBEC REGT.

Regimental No. D-3162528 Rank Pte. C. E. F. Name ADIMAN Norman.

Enlisted (a) 9.5.18. Terms of Service (a) C.E.F. Service reckons from (a) 95.18.

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) Accountant.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		S. O. S. on Return to Registrar's Records, D. O. Part II No. 227 ~~Amended by~~ " " " ~~No.~~	Montreal d/ 16-8-18 ~~d/~~	24-6-18	

J. Simon
Captain
M. S. A. District Officer, M.D. No. 4.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

H. Q. .....

M. D. No. 4

Surname Adelman

T. O. S. May 25 1918

Christian names Norman

D. O. Pt. II 152 of 1-6-18

Regtl. No. 316258 Rank Pte.

S. O. S. Dis. 24-6-1918 H

Unit 2nd Inf. Regt. 2nd Spec. Bn.

Reason R. to R.

Auth. DO 227 - 16-8-18. 2/2 QR

Next of kin Adelman, Mrs Rose Relationship Mother

Address "B" Cornwall Apts. Winnipeg, Man

Also notify: .....

BORN—Place Canada Winnipeg Man Date Mar. 16th 1894

ATTESTED—Place Montreal P.Q. Date May 9th 1918

O/S .....

R/C .....

W. 22—75M-5-18. 1772-39 839.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 3162528

2. Rank Private

3. Name ADILMAN, Norman

4. Unit 2nd Depot Battalion, 2nd Quebec Regiment, Montreal, Que.

5. Date of Discharge 24-6-18. Place Montreal, Que.

6. Reason for Discharge Demobilization

Struck off strength on return to Registrar's Records 24-6-18.

D.O.# 227 d/ 16-8-18.

Discharged under authority of P.C. 3051 of 11-12-18.

7. Authority Routine Order # 1438.

8. Proposed Residence after Discharge "D" Cornwall Apts. Winnipeg, Manitoba

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W. ?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal, Que.

Date 5-4-19.

Signature J. Simm Captain,

(O. C. Discharging Unit.)

M.S.A., D.O., M.D. #4.

M.F.B. 218a—50M -12-18—1772-39-113.